

Instructions on filling out DOC application

- Please fill out page one of the Access To Facilities Application and sign.
- Print your name, sign, and date the PREA Information Acknowledgement Form
- Email to web@gpana.org

**RHODE ISLAND DEPARTMENT OF CORRECTIONS
ACCESS TO FACILITIES APPLICATION**
No application will be processed if information is omitted or illegible.

PART I: *Applicants must complete Part I fully. Incomplete applications will be returned.*

Last Name: _____ First Name: _____ MI: _____

Maiden Name: _____ Alias(es): _____

Street Address: _____ City/State/Zip: _____

Phone Number: _____ E-mail Address: _____

Last 4 digits of SSN: _____ Date of Birth: ____ / ____ / ____ Gender: Male Female

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone Number: _____

Reason for Facility Access Request:

Applicant's Agency/Organization Affiliation: Narcotics Anonymous

Agency/Organization Address: _____ City/State: _____

Supervisor's Name: _____ Telephone Number: _____

Please explain the reason you will be working inside the facility(s): Narcotics Anonymous Meeting

Are you currently or have you ever been on an inmate's Visitors List? Yes No

Are you currently or have you ever been on an inmate's Telephone List? Yes No

Are you currently or have you ever sent or received an email with an inmate? Yes No

Do you currently have relative(s) or relationships to anyone incarcerated at the ACI? Yes No

* If YES to any of the above questions, provide your relationship to the inmate, the inmate's name(s), and the facility they are housed in:

R.I.G.L § 11-18-1 Giving False Document to Agent, Employee, or Public Official: Any person who knowingly provides herein any statements which are false or erroneous, or defective in any important particular and which are intended to mislead may be deemed guilty of a misdemeanor, and, upon conviction, may be imprisoned, for a term not exceeding one year, or fined, an amount not exceeding one thousand dollars (\$1,000).

Applicant's Signature: _____ Date: _____

PART II: *To be completed and signed by the applicant's RIDOC Sponsor.*

This individual will be entering the facility as:

- Institutional Clergy
- Intern/Student
- Volunteer
- Temporary Access (**no ID badge issued**)
- Contractor
- Projected Term of Service: _____
- Renewal (old badge must be surrendered at time of new issue)

This individual DOES DOES NOT require a photo ID badge.

This individual requires access to the following RIDOC facility(s):

- ISC
- HSC
- MAX
- MED
- MIN
- WOM
- ALL Facilities

Nature of Business (i.e., program, education, research, etc.): _____

Sponsor's Printed Name: _____ Title: _____

Sponsor's Signature: _____ Phone: _____

SPONSORS: Completed applications must be forwarded to the Records & ID Unit for processing. For information on Sponsors' responsibilities, including the process for an individual found to have a criminal background, please see the most recent version of RIDOC Policy 9.23 DOC; Access to ACI Facilities.

******* FOR INS-OPS USE ONLY *******

CHECK(S) PERFORMED

DATE CHECK(S) PERFORMED: _____

NCIC Negative Positive

BCI Negative Positive

Court Portal Negative Positive

Inmate's Email Contact Negative Positive

Inmate's Visitor List Negative Positive

Inmate's Phone Contact Negative Positive

Checked by: _____

Positive results will be attached to the original form and Sponsors will be notified.

LEVEL OF ACCESS GRANTED:

Employee FULL Access (**BLUE**)

Non-Employee (assigned) FULL Access (**BLUE**)

Non-Employee (not assigned) FULL Access (**GREEN**)

LIMITED Access (**PURPLE**)

LIMITED Access (**No photo ID**)

Facility Warden's Approval (*FOR TEMPORARY ACCESS ONLY*)

Facility Warden Name (please print): _____ Phone: _____

Facility Warden's Signature: _____ Date: _____

Assistant Director of Institutions & Operations (ADIO) review and approval is required **if** Records & ID determines the background information warrants it. **Approved** **Denied**

ADIO Signature: _____ **Date:** _____

RHODE ISLAND DEPARTMENT OF CORRECTIONS

Staff, Contractor and Volunteer PREA Information Acknowledgment Form

The Rhode Island Department of Corrections mandates zero tolerance of inmate sexual abuse and sexual harassment!

- If you have any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, all RIDOC staff, contractors and volunteers are mandatory reporters.
- All allegations of sexual abuse and sexual harassment shall be reported immediately to the nearest Superior Officer, Shift Commander, Special Investigations Unit or the Office of Inspection.

Special Investigations Unit: (401) 462-2282

Office of Inspection: (401) 462-2551

Acknowledgment:

By signing below, I acknowledge that RIDOC notified me of RIDOC's zero tolerance policy regarding sexual abuse and sexual harassment and informed me how to reports such incidents. My signature indicates that I understand the training I received.

Print Name: _____

Signature: _____ Date: _____

Unit: _____

Please check one:

RIDOC Staff:	<input type="checkbox"/>	Contractor:	<input type="checkbox"/>	Volunteer:	<input checked="" type="checkbox"/>
--------------	--------------------------	-------------	--------------------------	------------	-------------------------------------